

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number 10/717,804-Conf. #9712 | |
| | | Filing Date November 20, 2003 | |
| | | First Named Inventor Christel-Loïc Tisse | |
| | | Examiner Name A. K. S. Liew | |
| | | Art Unit 2624 | |
| TOTAL AMOUNT OF PAYMENT (\$) | | 1,670.00 | |
| Attorney Docket No. | | S1022.81060US00 | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---------------------|---|----------------------|----------------------|--------------------------------------|-----------------|---------------------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | | Small Entity | | Small Entity | | |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | Small Entity |
| | | | | | | | <u>Fee (\$)</u> <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 105 |
| Multiple dependent claims | | | | | | | 370 185 |
| <u>Total Claims</u> | | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | |
| 47 - 40 = 27 | | x 50.00 | = | 1,350.00 | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| 4 - 6 = 1 | x 200.00 | = | 200.00 | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = | _____ | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | <u>Fees Paid (\$)</u> |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | | | | | | | 120.00 |

| | | | |
|---------------------|-------------------|--------------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | /Neil P. Ferraro/ | Registration No. (Attorney/Agent) | 39,188 |
| Name (Print/Type) | Neil P. Ferraro | Telephone | (617) 646-8000 |
| | | Date | December 28, 2007 |

| | | |
|--|------------------------|------------------------|
| <h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> | Application Number | 10/717,804-Conf. #9712 |
| | Filing Date | November 20, 2003 |
| | First Named Inventor | Christel-Loïc Tisse |
| | Art Unit | 2624 |
| | Examiner Name | A. K. S. Liew |
| | Attorney Docket Number | S1022.81060US00 |
| Total Number of Pages in This Submission | | |

ENCLOSURES *(Check all that apply)*

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Remarks </div> </div> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------------|----------|--------|
| Firm Name | WOLF, GREENFIELD & SACKS, P.C. | | |
| Signature | /Neil P. Ferraro/ | | |
| Printed name | Neil P. Ferraro | | |
| Date | December 28, 2007 | Reg. No. | 39,188 |